

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 02 — —

2. STATE:

Texas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attachment

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

See Attachment

10. SUBJECT OF AMENDMENT: Amendment No. 587 - The amendment clarifies that the outpatient hospital reimbursement methodology continues to apply to those off-site facilities owned and operated by the state, a hospital district, or other public entity that were reimbursed by Title XVIII as part of the outpatient hospital prior to August 1, 2000.
~~October~~

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Sent to Governor's office this date. Comments, if any, will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Linda K. Wertz

13. TYPED NAME:

Linda K. Wertz

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

April 12, 2001

16. RETURN TO:

Linda K. Wertz
State Medicaid Director
Health and Human Services Commission
Post Office Box 13247
Austin, Texas 78711

DATE RECEIVED

04-12-01

DATE APPROVED

04-12-01

EFFECTIVE DATE OF APPROVAL

April 1, 2001

SIGNATURE OF REGIONAL OFFICIAL

C. L. B. C. L.

TYPED NAME

Calvin B. C. L.

TITLE

Associate Regional Administrator

Division of Medicaid and State Operations

REMARKS

Major - Perm in Medicaid State Conference to HCFA-179, Block 10.

Attachment to HCFA-179 for
Transmittal No. 01-02, Amendment No. 587

Number of the
Plan Section or Attachment

Attachment 4.19-B
Page 2

Number of the Superseded
Plan Section or Attachment

Attachment 4.19-B
Page 2(TN99-06)

4. The amount payable for outpatient hospital services provided by approved Title XIX hospitals is determined under similar methods and procedures used in Title XVIII of the Social Security Act, as amended, effective October 1, 1982, by Public Law 97-248, except as may be otherwise specified by the Single State Agency including the application of the following reduction percentages. Medicaid reimbursement for outpatient hospital services shall be at 77.6% of allowable cost. For the 2000-2001 biennium, reimbursement for outpatient hospital services shall be at 80.3% of allowable cost. Reimbursement for outpatient hospital surgery is limited to the lesser of the amount reimbursed to ambulatory surgical centers (ASCs) for similar services, the hospital's actual charge, the hospital's customary charge, or the allowable costs determined by the Single State Agency or its designee.

The methodology described in this section is also applicable to those off-site facilities owned and operated by the state, a hospital district, or other public entity, that were reimbursed by Title XVIII as part of the outpatient hospital prior to October 1, 2000.

5. Refer to Item 5 on page 2b.

6. Refer to Item 6 on page 2a.

7. Payment for family planning services are made in accordance with the provisions contained in items 1, 3, 35 and 41 depending on the service provided and the provider type. For other agencies which are physician directed and are approved to provide family planning services under this state plan, the upper limits for payment will be not in excess of a fee schedule, as approved by the Single State Agency, for each of the professional services authorized as benefits.

STATE <u>Texas</u>	A
DATE REC'D <u>04-12-01</u>	
DATE APPV'D <u>05-07-01</u>	
DATE EFF <u>04-01-01</u>	
HCFA 179 <u>TX-01-02</u>	

SUPERSEDES: TN - 99-06